U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10/20	2 Fiscal Year Covered From
	1 / 1 / 2004 Through (2 / 3) / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Mark A Riky	Name Laborers Local # 96
	Labor Organization File Number 0336/4
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 800 Rossevelt Road	Street 800 Roosevelt Road
City Glen Ellyn	City Glen Ellyn
State ZIP Code + 4	State #11, nois ZIP Code + 4 1,0137
5 Position in labor organization Field Represent	totive
(except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
monetary value from an employer whose employees your organizat	7 a Nature of Interest Transaction or Income
6 Name and address of Employer (including trade name if any)	The state of the s
Name	
Trade Name If any	
P O Box Bldg Room No If any	
Street	7 b Amount
City	
State ZIP Code + 4	
Signature	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Mark a Rolly	
Signed Of I fash 6' fashing	On 8-12-05 (636) 469 - 39.37  Date Telephone Number
Form   M 30 (2003)	

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name Mor N Pekay  Trade Name if any  P O Box Bidg Room No if any Suite 3436  Street 30 North Lasalle Street  City Chicago  State Illinois ZIP Code + 4 1006113	9 Business deals with  A a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	11 a Nature of such dealing  Serves as legal counsel for  Laboreps Local # 94  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  Received wedding gift from altorney Mark M Pekay in the amount of \$350 °°	
	12 b Amount # 3.50 °	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name If any		
P O Box Bldg Room No If any  Street  City  State  ZIP Code + 4		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment	